

IDAHO EMSPC MEETING MINUTES

July 13, 2007

A meeting of the Idaho Emergency Medical Services Physician Commission was held on this date in the Riverfork Room of the Grove Hotel, 245 S. Capitol Blvd. Boise Idaho. Chairman Kim called the meeting to order at 9:39 a.m.

Members Present:

Adam Deutchman, M.D.
Bat Masterson
Cay Berg, M.D.
Curtis Sandy, M.D.
David Kim, M.D.
Debra McKinnon, D.O.
Keith Sivertson, M.D.
Kenny Bramwell, M.D.
Murry Sturkie, D.O.

Member's Position:

American College of Surgeons Committee on Trauma
Citizen Representative
Idaho EMS Bureau
State Board of Medicine
Idaho Medical Association
Idaho Fire Chiefs Association
Idaho Hospital Association
American Academy of Pediatrics, Idaho Chapter
American College of Emergency Physicians, Idaho Chapter

Members Absent:

Elmer Martinez
Scott French, M.D.

Member's Position:

Citizen Representative
Idaho Association of Counties

Vacant Seats:

N/A

Others Present:

Dennis Godfrey
Denny Neibaur
Dia Gainor
Diana Hone
Frank Powell
Greg Owen
Josh Yon
Karl Malott
Mark Niemeyer
Paul Roberts
Tawni Newton
Tom Allen
Valerie Fend-Boehm
Wayne Denny

Other's Position:

Caribou County EMS
Idaho EMS Bureau Regional Consultant
Idaho EMS Bureau Chief
Idaho EMS Bureau Administrative Assistant
Dept. of Health & Welfare Rules Unit
Canyon County Paramedics
Idaho EMS Bureau
Nampa Fire Department
Meridian Fire
Boise Fire
Idaho EMS Bureau Credentialing Manager
Nampa Fire Department/ IFCA
Idaho EMS Bureau Administrative Assistant
Idaho EMS Bureau Standards and Compliance Manager

Introductions were made and changes in the EMS Bureau staff acknowledged.

Approval of Minutes:

Commissioner Deutchman, American College of Surgeons Committee on Trauma, moved and Commissioner Bramwell, American Academy of Pediatrics, Idaho Chapter, seconded to accept the draft minutes as amended.

Motion passed unanimously.

Chairman Kim noted there had been new requests for EMSPC minutes to be made available to the public promptly after a meeting occurs, prior to the Commission approving the final draft. The Commissioners felt their previous reasons for delaying public release of minutes until after Commission approval valid and did not renew discussion.

Wildland Fire Sub-Committee Report

Revisit Wildland Fire Sub-Committee Report

The EMSPC approved three recommendations of the Wildland Fire Sub-Committee. It was emphasized that the recommendations, listed below, are for the purpose of information gathering and to create a factual foundation for future Commission decisions to improve EMS in Idaho.

1. National Park Service ALS and BLS protocols for review by the sub-committee and other commissioners.
2. A questionnaire be added to the EMS Bureau “Request for Limited Recognition” to capture:
 - a. Idaho licensed physician medical director,
 - b. Local hospitals anticipated used,
 - c. Nearest trauma facility,
 - d. Nearest burn facility.
3. Level One Fire Site Visit: When a fire occurs in Idaho that requires an overhead* team (Level One Fires), a member(s) of the Commission and an Idaho EMS Bureau Consultant do a site visit. Site visits would include:
 - a. Present identification as representatives of the Idaho EMS Physician Commission and EMS Bureau to the incident commander and explain purpose of reviewing their medical unit.
 - b. Gather information using the standardized EMS Bureau agency inspection guidelines and materials.
 - c. Compiled responses will be viewed by the EMSPC as actual wildland fire EMS practices in Idaho. It was suggested that a digital camera and voice recorder could be used during the site visit(s).
 - d. Travel reimbursement for these site visits would come out of the EMSPC budget.

*“Personnel assigned to supervisory positions, including incident commander, command staff, general staff, branch directors, supervisors, unit leaders, managers and staff.” (NWCG Glossary of Wildland Fire Terminology)

Dia Gainor provided an explanation of the Resource Ordering System at NIFC and how that affects EMS on wildland fires and testified in support of the sub-committee's recommendation. The Bureau, Ms. Gainor continued, has equal interest in how EMS is provided at wildland fire sites because at the core it is a regulatory issue, whether it is the license of an agency or the credentials of an individual. Paul Roberts, Boise Fire, also testified in support of the site visits and of his past experience as a hotshot crew member and paramedic.

Commissioner Sivertson, Idaho Hospital Association, moved and Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, seconded to allow the Wildland Fire Sub-Committee to proceed with

1. Review of the National Park System protocol

2. Add questionnaire to the Bureau's Request for Limited Recognition form.

3. Site visit: visit a wildland fire camp with a Commissioner and Regional Consultant for fact-finding. The team will use the agency inspection checklist used during an EMS agency inspection.

Motion carried unanimously.

EMS Code Task Force

Commissioner Sturkie reported the EMS Code Task Force is working with three categories: medical direction, administrative direction and political direction. Medical direction has been defined and a subcommittee formed to draft related code. Options could be a single medical director for a system or multiple physicians as a medical directorate. Discussion continues on appropriate political and administrative direction.

Dia Gainor, Idaho EMS Bureau Chief and a member of the draft subcommittee, stated the draft medical director related code will describe the acceptable methods of medical oversight decision making. (i.e. the procedural aspect of how a directorate composed of five to seven agencies, each with their own medical director, would work.) Ms. Gainor questioned whether the draft code is the jurisdiction of the EMSPC or belongs as a component of EMS District law. The Commission, Ms. Gainor continued, will have to decide a position on any future legislation regarding this issue.

EMSPC Logo/ Website:

New logo color combinations were distributed with a short discussion. An informal vote was taken with logo number one (red, white & blue) being approved by a majority. Commissioners Deutchman and McKinnon voted for option four (green & brown).

The Commissioners approved the draft EMSPC website with the following additional components:

- Medical Director Resources
- Current Events section with Idaho Physician Orders Scope of Treatment (POST) announcement and listing of upcoming meetings and conferences.
- EMSPC List Serve
- Guidelines and Protocols

The EMSPC website currently is posted at <http://www.healthandwelfare.idaho.gov/site/4279/default.aspx> and available for public access.

EMSPC Vision Statement

Commissioner McKinnon, Idaho Fire Chiefs, moved and Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, seconded to adopt the following as the EMSPC Vision Statement: “Our vision is an optimal EMS system guided by evidence-based scopes of practice, dynamic medical direction, and judicious conflict resolution.” Motion carried unanimously.

Commissioners Sivertson and Sandy were not present for vote.

EMSPC Rules Review

Chairman Kim asked William F. Powell, Idaho Dept. of Health and Welfare, Rules Unit, if it were advisable for the EMSPC to make a substantive change to the rules at this point, to propose or introduce new material rather than just clarify what is already in the temporary rules. Mr. Powell responded the change or addition should be a logical extension to what is already in the rule. Even with public comment, if something is new and/or potentially controversial it should be submitted as an additional docket. Mr. Powell recommended substantive changes wait until after the Legislature has approved the basic rules currently in effect. The Commission, he continued, ought to consider what resistance and testimony would come before the legislative committee to a new proposal that may be controversial or not resolved prior to going to the Legislature.

In order to be considered for the 2008 Legislature, any changes to the Temporary Rules or the Standards Manual must be finalized by the Commission before October 31, 2007.

The Commission reviewed the Rules in detail for consistency of wording and intent, code citation correctness, and clarity. The EMSPC was awarded additional rule making authority regarding disciplinary action since the publication of these temporary rules. Mr. Powell will consult with the state Attorney Generals office as to the best place to add the new statutory authority. The following changes were approved:

Commissioner Bramwell, American Academy of Pediatrics, Idaho Chapter moved and Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter to make the following listed changes to the EMSPC rules:

- **Delete 100.01b**
- **Add to end of 100.01c: “or additional training approved by the hospital or medical clinic supervising physician.”**
- **100.02e: replace “emergency medical services that exceed” with “out of hospital patient care that exceeds.”**
- **300.02b add to the end: “or with a limited scope of practice corresponding to a lower level of EMS certification.”**
- **400.04c: Change .14 to .03 (so IDAPA 22.01.03, “Rules for the Licensure of Physician Assistants”)**

- **06.b.xiii Delete “advanced directives by patients and physicians” Add “Physician Orders for Scope Treatment (POST) or other valid Do Not Resuscitate (DNR) orders”**
- **500.03 replace: “and submit such” with “must submit the”**
- **500.07b Change .14 to .03 (same as 400.04c)**
- **500.09 add to end: “and must submit the plan(s) upon request of the Commission or the EMS Bureau.”**
- **Add a definition of “Critical Care Interventions” in the EMSPC standards manual. Interventions beyond the paramedic scope of practice. These interventions may be provided by a paramedic with additional training and oversight and are limited to the optional skills identified by the commission.**

Motion carried unanimously.

Chairman Kim and Commissioner Masterson relayed interest by some northern Idaho stakeholders to create a requirement for hospital affiliation (medical staff) for EMS medical directors. This requirement, Chairman Kim continued, is not part of the current temporary rules and would constitute a substantive change. The Commission discussed reasons to not include this requirement in the EMSPC rules which included why an EMS medical director may not, or should not, have hospital affiliation. Commissioner Sivertson presented his long term solution to eventually credential all EMS medical directors in Idaho.

EMSPC Standards Manual Review

Chairman Kim reported on correspondence with Greg Myers and David Cone with the NAEMSP regarding intubation documentation criteria. The EMSPC emphasized the importance of intubation data collection and will maintain the data collection requirements for intubation approved at the April 13, 2007 meeting.

Identify standards for paramedic paralytic-assisted intubation:

Commissioner Sivertson initiated discussion on the need for a statewide definition of a child to assure competency of providers in the care of children in conjunction with questions that will arise because of EMSC. There was discussion about size, age, weight and signs of emerging puberty as possible measures. No final decision was made.

The EMSPC reviewed the RSI Statewide Protocol and made substantial changes to the protocol reflected in Appendix A of the May 11, 2007 EMSPC Minutes. Training requirements for the protocol was discussed at length by the Commission. Commissioner Sivertson strongly supported the idea of teamwork being listed in the protocol to emphasize the importance of this element in RSI. Commissioner Sturkie asked that the Commission defer to the individual medical director to add his or her nuance about teamwork. Commissioner Sturkie went on to explain that he opposed the Commission imposing a philosophy that does not necessarily mirror the practice in the field. Tom Allen, Nampa Fire Department/ IFCA, testified for inclusion of “demonstrated clinical competency under the direct supervision of the Medical Director” in statewide protocols covering high-risk/low-frequency skills like RSI.

Commissioner Berg, Idaho EMS Bureau, moved and Commissioner McKinnon, Idaho Fire Chiefs, seconded to adopt the following statewide RSI training requirements:

- 1. Demonstrate intubation proficiency.**
- 2. Minimum annual review of RSI to include cognitive and psychomotor components with an emphasis on team coordination.**

Motion Passed

For: Sivertson, Bramwell, Kim, Berg, McKinnon, Masterson

Opposed: Sturkie, Sandy, Deutchman

The Commissioners agreed to simplify the RSI Monitoring section to: 100% chart review.

The Commissioners agreed to simplify the RSI Remediation section to: Remediation will be at the discretion of the local EMS Medical Director.

Should CO-oximetry be included in the scope of practice of EMS personnel?

Chairman Kim relayed a request from stakeholders to include carbon monoxide monitor use in the paramedic SOP. Mark Niemeyer, Deputy Chief, Meridian Fire, explained the request and Meridian Fire's exposure and use of the CO-oximetry device. Deputy Chief Niemeyer stated that Meridian had a couple of good experiences where the device enabled them to convince patients they needed treatment because of high levels of CO exposure. Meridian Fire would like to purchase and utilize more devices and would therefore like to have the device added to the Paramedic SOP.

Commissioner Sivertson strongly expressed his concern that the data collected from the device could be used improperly causing inappropriate treatment of patients. Deputy Chief Niemeyer related several examples of successful use of the equipment and repeated that his providers see the device as a tool to help convince some patients to go to the hospital. Commissioner Bramwell stated the expense of the device (approx \$4000) was a drawback and that the money could be used more effectively in other ways. Commissioner Berg felt it would be useful as an additional triage data point and also to monitor fire fighters on the scene. Commissioner Berg and Sturkie supported the device not be restricted to the paramedic level as it could be very useful to the rural EMT Basic if properly trained.

Tom Allen, Nampa/IFCA, testified in favor of the device, as did Paul Roberts, Boise Fire, who also asked the Commission to allow EMT-Basic use of the device.

Chairman Kim, Idaho Medical Association, moved that CO-oximetry be included in the Paramedic Scope of Practice as an optional skill. Commissioner Berg, Idaho EMS Bureau, seconded.

Motion carried

For: Sturkie, Deutchman, McKinnon, Sivertson, Kim, Sandy, Berg, Masterson

Opposed: Bramwell

Commissioner Berg, Idaho EMS Bureau, moves to add CO-oximetry to Advanced EMT scope of practice as an optional skill. Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, seconded.

Commissioner Berg, Idaho EMS Bureau, moved to amend the motion to include number two and four. The motion now reads: add CO-oximetry to Advanced EMT scope of practice as an optional skill with number two and number four (specific training and protocol). Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, seconded. (protocol's referred to and 2 & 4 were included in Commissioners packet)
Motion failed

For: Berg, McKinnon, Deutchman, Sturkie

Opposed: Sivertson, Sandy, Bramwell, Kim, Masterson

The Commissioners discussed what approach to take on other devices in the future. Commissioner Deutchman suggested that because the Commission can not anticipate upcoming devices, perhaps a medical device subcommittee may be needed to review the validity of devices. Chairman Kim noted this is a pitfall of the line item grid system and agreed the Commission may have to develop a more formal process as more of these items come in.

Report on Glucagon administration methods.

After some discussion Chairman Kim stated this would be important to keep in mind when the statewide protocol and training program is developed. The Commission's intent is Sub-Q or IM and either an auto injector or a pre-measured kit for glucagon at the EMT level. Commissioners McKinnon and Berg indicated they had not been able to find an auto injector in their research.

New Business

Silverwood EMS Waiver

Silverwood is a seasonal amusement park near Sandpoint, Idaho who recently applied for licensure of their EMS unit. Included in Silverwood's application to the EMS Advisory Committee (EMSAC) was a request for waiver for approval to use a number of over-the-counter medications and splinter removal. Silverwood's request was referred to the Commission by EMSAC because they felt granting the request would require approval of an expanded EMT-Basic (EMT-B) scope of practice. The commissioners concluded that most of the items on the request are not emergency medical service measures and should not be included in EMT-B scope of practice. Policies already exist that allow agencies to use epi-pens so item number four was not considered to be pertinent. Commissioner McKinnon requested a letter of explanation be sent to Silverwood Theme Park and their medical director explaining the Commission's decision.

Further EMSPC discussion of the use of a medicated burn cream in emergency medical situations for treating and transporting rather than treating and releasing led to Commissioner Sturkie's abstention.

Commissioner Sivertson, Idaho Hospital Association, moved and Commissioner Berg, Idaho EMS Bureau, seconded to deny items one, two, three and five on the request from Silverwood Theme Park.

Motion carried.

For: Berg, Bramwell, Deutchman, Kim, Masterson, McKinnon, Sandy, Sivertson

Abstained: Sturkie

Cyanokit

The EMS Bureau received a vendor request to add the Cyanokit to the “state formulary.” The Bureau forwarded the request to the EMSPC. The Bureau would normally respond that 1. We don’t have a state formulary. 2. This medicine could be used at the paramedic level at the discretion of the local medical director without the need for state authorization. It was requested that the Bureau respond as such on the Commissions behalf.

Election of Officers

Commissioner Sandy, Idaho State Board of Medicine moved for Dr. David Kim to continue as chair. Commissioner Berg, Idaho EMS Bureau, seconded.

Motion carried unanimously and was accepted.

Commissioner Sivertson, Idaho Hospital Association, moved to reelect Dr. Scott French as vice chair. Commissioner Deutchman, American College of Surgeons Committee on Trauma, seconded.

Motion carried unanimously pending acceptance by Commissioner French.

Future Meeting Schedule

Next meeting: September 14, 2007 in conjunction with the Homeland Security Conference being held in Coeur d’Alene. November 9, 2007 meeting to be held in Twin Falls with the Southern Idaho EMS Conference at CSI. January 11, 2008 meeting is currently scheduled for Boise.

Chairman Kim suggested the Commissioners look at the education standards draft at www.nemsed.org

Public remote participation at the Idaho EMS Bureau Regional Offices is currently available. Please contact the EMS Bureau if interested in participating remotely or for more information.

Adjournment

It was moved by Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, and Commissioner Berg, Idaho EMS Bureau, seconded to adjourn the July 13, 2007 Idaho Emergency Medical Services Physician Commission meeting at 5:25 p.m. The motion passed unanimously.

David Kim, M.D., Chairman
Idaho EMS Physician Commission